

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx). Do not return the completed form to this address.

## NIH Neurobiobank

### Pre-mortem Donor Recruitment Form

#### Recruitment of Donors

All fields with an \* are required.

First Name  Last Name

Phone  E-mail

Address  Address 2  City  State

Zip  Country

Age

Referral  Affiliation

Questions or comments?

Have you ever seen a doctor for any memory trouble?

Yes  No  Don't Know

Name of Doctor:  What did the doctor say w  Have you ever had an examination with a specialist such as a neurologist?

Yes  No  Don't Know

Name of Doctor:  Was a CAT Scan or MRI done?

Yes  No  Don't Know

Have you ever been hospitalized for evaluation or treatment of a neurological and/or neuropsychiatric disorder?

Yes  No  Don't Know

What diagnosis was given  Has a doctor or nurse ever told you that you have high blood pressure that should be treated medically?

Yes  No  Don't Know

Have you ever had a stroke?

Yes  No  Don't Know

Have you had more than one stroke?

Yes  No  Don't Know

When did the stroke (first)  Is one side of your body, or one leg/arm weaker than the YES other side?

Yes  No  Don't Know

Have you ever been told that you have Parkinson's disease?

Yes  No  Don't Know

If yes, Date of First Symp  Date of Diagnosis:  Date of First Symptom:  Side of first symptom:  Have

you ever had an injury to your head that resulted in the loss of consciousness for more than a few seconds?

Yes  No  Don't Know

When did this first happen  Please describe the times  Have you ever been on estrogen replacement therapy?

Yes  No  Not Applicable

Have you ever had any epileptic seizures or fits?

Yes  No  Don't Know

Have you ever had a problem drinking more alcohol than you should?

Yes  No  Don't Know

Did the memory problems coincide with the drinking?

Yes  No  Don't Know

Have you ever been depressed or sad for two weeks or more?

Yes  No  Don't Know

Did you ever seek treatment for the depression?

Yes  No  Don't Know

Do you have mood swings in which you go from being extremely depressed to being excessively happy and energetic?

Yes  No  Don't Know

Were you ever treated, or told you needed treatment for this?

Yes  No  Don't Know

Have you ever sought psychiatric or psychological help for any other reason?

Yes  No  Don't Know

Have you received a whole blood transfusion recently?

Yes  No  Don't Know

Has blood donation been denied in the past, specify below?

Yes  No  Don't Know

Current diagnosis of cancer (regardless of treatment and location)?

Yes  No  Don't Know

Infectious Disease?

Yes  No  Don't Know

Unexplained seizures?

Yes  No  Don't Know

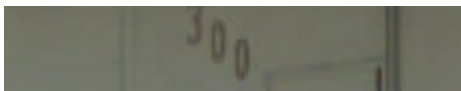
Exposure to toxic substances that may have led to chronic conditions?

Yes  No  Don't Know

Dementia with unknown cause (not from a previous CVA, infection, YES head trauma, or brain tumor)?

Yes  No  Don't Know

Please state your one notable lifetime achievement?



[Privacy & Terms](#)



SUBMIT